United States Department of Labor
Employees' Compensation Appeals Board

ROBERT A. MEEK, Appellant	)	
and	)	**Docket No. 04-864**
	)	**Issued: July 21, 2004**
DEPARTMENT OF DEFENSE, DEFENSE FINANCE & ACCOUNTING SERVICE, Columbus, OH, Employer	)	

Appearances:
Charles Caldwell, for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chairman
COLLEEN DUFFY KIKO, Member
DAVID S. GERSON, Alternate Member

JURISDICTION

On February 13, 2004 appellant timely appealed from a January 27, 2004 decision by the Office of Workers' Compensation Programs who found that appellant had not established that his heart condition was causally related to factors of his employment. The Board has jurisdiction over the merits of this case pursuant to 20 C.F.R. §§ 501.2(c) and 501.3.

ISSUE

The issue is whether appellant has met his burden of proof in establishing that his myocardial infarction and coronary artery disease were causally related to either a March 17, 2003 lifting incident or to other factors of his employment.

FACTUAL HISTORY

Appellant submitted a letter to the Office relating that on March 17, 2003 appellant, then a 45-year-old lead document imaging technician, went to pick up mail for the Document Capture Center, he lifted a tub of mail weighing 35 to 45 pounds and carried it approximately 45 feet to

the Document Capture Center mail sorting area and began sorting the mail. He suddenly felt severe chest pain. He asked his supervisor to call for an ambulance. He was taken to a hospital for treatment. Appellant was released from the hospital on March 20, 2003.

In a March 20, 2003 report, Dr. Barry S. George, a Board-certified cardiologist, stated that appellant had a successful cardiac angioplasty and stent of the lateral descending artery lesion as well as the diagonal lesion. He also noted that diffuse lesions in the right coronary artery were treated with a long stent. Dr. George indicated that appellant had distal severe diffuse disease in the posterior descending subdivision of the right coronary artery that was neither graftable nor approachable with balloon angioplasty. He reported that appellant also had diffuse plaguing elsewhere in the posterior circulation but no high-grade lesions warranting further intervention. In a July 25, 2003 report, Dr. George stated that appellant experienced a myocardial infarction prior to his most recent angioplasty. He commented that there was documented evidence that a surge of adrenalin, possibly caused by strenuous activities, in patients with coronary artery disease could precede a heart attack. Dr. George also noted that there is documented evidence that a heart attack can occur at rest in high risk patients.

In a September 12, 2003 report, Dr. George stated that appellant underwent repeat coronary angioplasty that day because of a higher positive stress test when compared to his stress test immediately after his previous angioplasty. He indicated that coronary angioplasty revealed progressive disease with lesions in the circumflex artery and in the posterior descending artery. Appellant underwent successful placement of a drug-eluting stent in the obtuse marginal branch of the circumflex artery and an angioplasty of another branch of the circumflex artery.

By letter dated September 18, 2003, the Office requested that appellant clarify whether he intended to file a traumatic injury claim for the March 17, 2003 lifting incident or an occupational disease claim and advised of the evidence needed.

On October 1, 2003 appellant filed a claim for compensation benefits for the period September 5 to 16, 2003.[1] In an October 10, 2003 form report, Dr. George stated that appellant had chest pain and an abnormal cardiac study. He indicated by checking a box that there was no history of concurrent or preexisting disease. Dr. George diagnosed coronary artery disease and indicated by checking a box marked "yes" that the condition was employment related. He indicated that appellant was able to return to work on September 17, 2003.

In an undated letter received by the Office on October 13, 2003 appellant indicated that other factors in his federal employment contributed to his stress that could be responsible for causing his coronary artery disease. He indicated that when he started working at the employing establishment, his job was to implement deductions from payrolls for such debts as levis, child support, salary offsets and payroll overpayments. Appellant was subsequently moved to another section in a reduction-in-force in which he came under a supervisor, who subjected employees, including appellant, to screaming, yelling, slamming of objects and attitudes of rage. When another lead document imaging technician retired, appellant was in charge of 25 employees. Appellant noted that the other lead position was not filled. He indicated that his responsibility

[1] The record reveals that although appellant advised the Office that she had filed a traumatic injury claim, Form CA-1, it ultimately developed appellant's claim as an occupational disease and traumatic injury claim.

was increased when vendor pay came online. He stated that he had no choice of who to hire for positions under him. Appellant commented that he was sent many employees who had mental or physical disabilities. Therefore, all manual labor was forced on him. He also had to move and unload skids of 45 boxes of separator paper, each weighing 40 to 50 pounds, every 3 months. Appellant stated: "the mishap on March 17, 2003 was just the trigger to the heart attack."

In a December 12, 2003 letter, the Office asked Dr. George to submit a medical report on appellant's condition. The Office specifically asked the doctor to explain the medical connection between lifting a box on March 17, 2003 or appellant's other work duties and his subsequent myocardial infarction or heart condition. The Office indicated that his reasoned opinion was needed to show whether there was a relationship between the conditions found and appellant's accepted factors of employment. It requested that an explanation on whether the work factors caused, aggravated, precipitated or accelerated appellant's heart attack or heart condition. The Office allotted Dr. George 30 days to reply. The doctor did not respond within the time allotted.

In a January 27, 2004 decision, the Office denied appellant's request for compensation. It noted that Dr. George had not responded to the December 12, 2003 letter. The Office stated that the medical evidence of record was insufficient to show how the diagnosed conditions of myocardial infarction and coronary artery disease were related to his implicated employment factors.

LEGAL PRECEDENT

An employee seeking benefits under the Federal Employees' Compensation Act[2] has the burden of establishing the essential elements of his claim, including the fact that an injury was sustained in the performance of duty as alleged and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[3] As part of this burden, the claimant must present rationalized medical evidence, based on a complete factual and medical background, showing causal relationship.[4]

An award of compensation may not be based on surmise, conjecture, or speculation or upon appellant's belief that there is a causal relationship between his condition and his employment.[5] To establish causal relationship, appellant must submit a physician's report, in which the physician reviews the factors of employment identified by appellant as causing his condition and, taking these factors into consideration as well as findings upon examination and appellant's medical history, state whether these employment factors caused or aggravated appellant's diagnosed condition.[6]

[2] 5 U.S.C. §§ 8101 *et seq.*

[3] *Elaine Pendleton,* 40 ECAB 1143, 1145 (1989).

[4] *Manuel Gill,* 52 ECAB 282, 287 (2001).

[5] *William S. Wright,* 45 ECAB 498, 503 (1993).

[6] *Calvin E. King,* 51 ECAB 394, 401 (2000).

ANALYSIS

Appellant submitted several reports from Dr. George describing his myocardial infarction and the nature of his coronary artery disease. However, Dr. George did not give any definitive answer to the Office's question of whether appellant's myocardial infarction and coronary artery disease were causally related to his lifting of a 45-pound box on March 17, 2003 or to factors of his employment. Dr. George's only comment on the central issue in this case was contained in his July 25, 2003 report, wherein he stated that there was documented evidence that a surge of adrenalin, caused perhaps by heavy activities, in patients with coronary heart disease could precede a heart attack. He noted, however, that there was documented evidence that a heart attack could occur at rest in a high risk patient. Moreover, although the doctor indicated by a "yes" check mark that appellant's coronary artery disease was employment related, he did not provide any medical rationale explaining the nexus. The Board has held that such an indication without more by way of rationale explaining the relationship of the diagnosed condition to the employment factors does not meet appellant's burden of proof.[7] Dr. George's comments were general in nature and did not specifically address appellant's case. His reports therefore have limited probative value and are insufficient to meet appellant's burden of proof.

CONCLUSION

The Board finds that appellant has not met his burden of proof in establishing that his myocardial infarction and coronary artery disease were causally related to appellant's heavy lifting on March 17, 2003 or to other factors of his employment.

[7] *See Gary J. Watling*, 52 ECAB 278 (2001).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated January 27, 2004 be affirmed.

Issued: July 21, 2004
Washington, DC

Alec J. Koromilas
Chairman

Colleen Duffy Kiko
Member

David S. Gerson
Alternate Member